

EXHIBIT B

03/22/2017 18:30

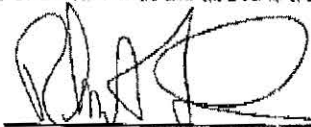
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EEOC Form 6 (11/03)

Received

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <input checked="" type="checkbox"/> PHRC <input checked="" type="checkbox"/> EEOC MAR 23 2017	
Pennsylvania Human Relations and EEOC State or local Agency, if any Philadelphia Regional Office			
Name (Indicate Mr., Ms., Mrs.) Mr. Robert S. Voorhees		Home Phone (Incl. Area) [REDACTED]	Date of Birth [REDACTED]
Street Address [REDACTED]		City, State and ZIP Code [REDACTED]	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name Education Commission for Foreign Medical Graduates		No. Employees, 1,000	Phone No. (Include Area) (215) 386-5900
Street Address 3624 Market St.		City, State and ZIP Code Philadelphia, PA 19104	
Name [REDACTED]		No. Employees, [REDACTED]	Phone No. (Include Area) [REDACTED]
Street Address [REDACTED]		City, State and ZIP Code [REDACTED]	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC <input type="checkbox"/> OTHER		DATE(S) DISCRIMINATION TOOK PLACE Earliest 09/13/2017 Latest 01/05/2017 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): Statement of Harm: Education Commission for Foreign Medical Graduates (hereinafter referred to as "ECFMG") has subjected me to disparate treatment as compared to similarly situated employees and has discriminated against me on the basis of my disability and age. Shortly after my hire, I was approached by Betty LeHew, Vice President of Human Resources who questioned me with regards to my age, stating: "How old are you anyway?" When I answered "62", she replied, "I didn't think you were that old". Further, I was the oldest employee in Human Resources and was among the most senior employees employed with ECFMG and as such was the target of disparate treatment and discrimination. During my employment with ECFMG I requested medical leave as a result of my disabling medical conditions and diligently supplied ECFMG with the necessary documentation from my physicians - keeping ECFMG apprised on my treatment and my anticipated return-to-work date of February 20, 2017. Surprisingly, I was thereafter supplied with a letter on January 5, 2017 from ECFMG's Human Resources Department informing me of the decision to terminate my employment based upon my use of medical leave. As a result, I was left without medical coverage and requested that ECFMG extend my insurance coverage for an additional month out of necessity. ECFMG now claims that I "signed away my legal rights" for the above-mentioned additional month of coverage; however, at no time did I express any interest in signing away the above-mentioned legal rights to bring about a cause of action for the discriminatory employment practices outlined above.			
Statement of Discrimination: I believe I have been discriminated against because of my disability and age in violation of the Americans with Disabilities Act of 1990, as amended and the Age Discrimination in Employment Act of 1967, as amended.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing.		NOTARY - When necessary for State and Local Agency	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
3-21-2017  Date Charging Party Signature		SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month day year)	